

AA001

SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT

PETITION FOR COURSE WAIVER

Name of student _____ Date _____

SB ID# _____ Department _____ Academic Plan _____

Articulation Term: _____

I. Title of SHTM course to be waived _____

II. Number of course to be waived. Subject: _____ Catalog Number: _____

Course ID: _____

III. Course(s) to establish waiver:

Title	Course Number	Date Taken	Grade Received	Credits Received	University	Instructor
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List supporting documentation submitted – e.g., transcript(s), course description(s), etc. _____

IV. Is this your first petition for a course waiver? YES _____ NO _____

a. If not, list courses for which waiver was previously requested.

Number	Title	Date Submitted	Approved	Disapproved	Pending
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

V. Explanation of how courses compare (by student) _____

Name of Student _____

VI. Instructor of course to be waived: (Note: If course instructor denies approval, forward petition directly to Assistant Dean.)

Has the student successfully completed equivalent coursework with a "C" or better?

YES _____ NO _____

Recommends approval _____ Does not recommend approval _____

Comments: _____

Signed _____
Instructor Date

VII. Student's program faculty advisor:

Has the student utilized this course to meet the 57-credit minimum or distribution requirement for admission? YES _____ NO _____

Recommends approval _____ Does not recommend approval _____

Comments: _____

Signed _____
Advisor Date

VIII. Department Chair/Program Director

This course will be used to meet the following requirement if approved:

Elective _____ Professional _____ Core _____ Basic Science _____

Recommends approval _____ Does not recommend approval _____

Comments: _____

Signed _____
Chair Date

IX. Assistant Dean for Academic and Student Affairs:

Approved _____ Disapproved _____ Date _____

Comments: _____

Letter sent to student: YES _____ NO _____ Date _____